

ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS COMMONWEALTH OF MASSACHUSETTS

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts	OPTION 3 Three largest state employee plans in Massachusetts			OPTION 4 Three largest federal employee health plans		
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Navi- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
I. Hospitalization										
Bariatric surgery	x	x	At center of excel- lence	x	x	x	At center of excellence	x	x	x
Bone marrow transplants for breast cancer	x	x	x	x	x	x	x	at cancer research facility	at cancer research facility	x
Christian Science facility	no	no	no	no	no	no	no	U	U	30 days pmpcy
Inpatient hospice	x	x	x	x	x	x	x	7 days per admit	7 days per admit	\$15000 limit, combined with outpatient hospice
Inpatient services in a	X	x	x	x	x	x	x	x	x	x

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general hospital										
Inpatient services in a skilled nursing facility	100 days pmphy	100 days pmphy	100 days pmphy	100 days pmphy	45 days pmphy	45 days pmphy	45 days pmphy	Only if member has Med Part A	no	\$700 per day for 14 days only
Inpatient services in a rehab. hospital	60 days pmphy	100 days pmphy	60 days pmphy	60 days pmphy	45 days pmphy	45 days pmphy	x	no	no	
Inpatient physician and surgical services	x	x	x	x	x	x	x	x	x	x
Transplants	x	x	x	x	x	x	x	x	x	X [\$1000 transporta- tion for transplant]

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II. Emergency Room Services										
Emergency room services	x	x	x	x	x	x	x	x	x	x
Emergency transportation/ambulance (ground or air)	x	x	x	x	x	x	x	x	x	x

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III. Ambulatory Services										
Acupuncture	no	no	no	no	no	no	no	24 visits pmpcy	With MD only	20 procedures pmpcy
Allergy testing	x	x	x	x	x	x	x	x	x	\$500 pmpcy
Allergy injections	x	x	x	x	x	x	x	x	x	x
Chiropractor – lab and X- ray outpatient	x	x	Initial x-ray only	x	x	no	Initial x-ray only	1 x-ray pmpcy	1 x-ray pmpcy	\$25 pmpcy for x-rays
Chiropractor – medical care services including spinal manipulation	12 visits pmpcy (only age 16 & over)	12 visits pmpcy (only age 13 & over)	12 visits pmpcy	12 visits pmpcy (only age 16 & over)	20 visits pmpcy	20 visits pmpcy	20 visits pmpcy	1 visit pmpcy	1 visit pmpcy	12 visits pmpcy
Christian Science practitioners	no	no	no	no	no	no	no	U	U	50 visits pmpcy

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Clinical trials to treat cancer	x	x	x	x	x	x	x	x	x	x
Dental services, preventive and restorative	no	no	Child- ren to age 12	no	no	no	no	Schedule	Schedule	Schedule
Enteral formulas	x	x	x	x	x	x	x	x	x	
Home health care services	x	x	x	x	x	x	x	25 visits pmpcy	25 visits pmpcy	50 visit pmpcy
Home visit – physician or other professional	x	x	x	x	x	x	x	x	x	
Hospice for terminally ill	x	x	x	x	x [bereave ment counseling \$1500 per family]	x	x	7 days per episode	7 days per episode	\$15000 limit, combined with inpatient hospice
Hypodermic syringes or needles	x	x	x	x	Thru PBM	U	x	x	x	x
Low protein foods	\$5000 pmpcy	\$5000 pmpcy	\$5000 pmpcy	\$5000 pmpcy	Thru PBM	\$5000 pmpcy	\$5000 pmpcy	U	U	U
Non-emergency transportation/ambulance	x	x	x	x	no	x	x	x	x	U

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(ground or air)										
Other practitioner office visit (nurse practitioner, nurse midwife)	x	x	x	x	x	x	x	x	x	x
Outpatient dialysis and home dialysis	x	x	x	x	x	x	x	x	x	x
Outpatient surgery physician/surgical services	x	x	x	x	x	x	x	x	x	x
Oxygen	x	x	x	x	x	x	x	x	x	x
Primary care visit to treat an injury or illness	x	x	x	x	x	x	x	x	x	x
Private duty nursing	no	no	no	no	\$4000 pmpcy home only	\$8000 pmpcy	Acute IP –yes Home health - no	no	no	U
Radiation and chemotherapy	x	x	x	x	x	x	x	x	x	x
Removal of impacted teeth	x	x	x	x	When medically necessary in OP setting	x	x	x	x	x
Removal of 7 or more permanent teeth	no	x	no	no	When medically	x	x	U	U	U

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					necessary in OP setting					
Respiratory therapy	x	x	x	x	x	x	x	U	U	x
Routine eye care, adult	1 exam pm/24 months	1 exam pm/24 months	Annual exam	1 exam pm/24 months	Per member 1x every 24 months	Per member 1x every 24 months	Per member 1x every 24 months	no	no	no
Routine foot care	Routin e with vascula r condi- tion	Routine with diabetes dx	no	Routine with vascular condition	Routine with vascular condition	Routine with diabetes dx	no	Routine with vascular condition	Routine with vascular condition	Routine with vascular condition
Second opinion	x	x	x	x	x	x	x	For surgery	For surgery	For surgery
Services to treat accidental injury to sound natural teeth	x	x	x	x	x	x	x	x	x	x
Specialist visit	x	x	x	x	x	x	x	x	x	x
Special medical formulas	x	x	x	x	Thru PBM	x	x	Medical foods for children with certain		

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								conditions		

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IV. Maternity and Newborn Care										
Abortion	x	x	x	x	x	x	x	no	no	No, except if mother's life in danger
Certified nurse midwife	x	x	X, No home birth	x	Hospital or home	x	X, No home birth	x	x	x
Delivery and all inpatient services for maternity care	x	x	x	x	x	x	x	x	x	x
Hearing screening for newborns	x	x	x	x	x	x	x	x	x	
Infertility - assisted reproductive technology (ART)	x	x	x	x	5 attempts	5 attempts	5 attempts	no	no	no
Infertility services other than ART	x	x	x	x	x	x	x	x	x	\$3000 pmpcy
Prenatal and postpartum care	x	x	x	x	x	x	x	x	x	x

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V. Behavioral Health

Behavioral health inpatient services in general hospital, mental health facility or substance abuse facility	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	UBH	x	x	x	x	x
Behavioral health intermediate care services	x	x	x	x	UBH	x	x	U	U	U
Behavioral health outpatient services*	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	Limits for non-biol based	UBH	x	x	x	x	x
Neuropsych testing	x	x	x	x	x	x	x	U	U	x

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VI. Prescriptions Drugs										
Generic drugs	x	x	X, as long as group has elected Rx coverag e	x	x	x	x	x	x	x
Preferred brand drugs	x	x	X, as long as group has elected Rx coverag e	x	x	x	x	x	x	x
Non-preferred brand drugs	x	x	x, as	x	x	x	x	x	x	x

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			long as group has elected Rx coverag e							
Specialty drugs	x	x	x, as long as group has elected Rx coverag e	x	x	x	x	x	x	x
Contraceptive drugs and devices	x	x	x, currentl y as long as group has elected	x	x	x	x	x	x	x

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			Rx coverag e							
Diabetes-related supplies	x	x	x	x	x	x	x	x	x	x
Hormone replacement therapy	x	x	x	x	x	x	x	U	U	U

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VII. Rehabilitative and Habilitative Services and Devices										
Cardiac rehabilitation Services	x	x	x	x	x	x	x	x	x	x
Cognitive rehabilitation therapy	no	no	X, coverag e indicati ons limited	no	no	no	Covered under medical, not under mental health	75 visits	50 visits	U
Coronary Artery Disease Program	Disease mgmt pro- gram	X (program covered through integrate health manage ment vendor)	no	Disease mgmt program	x	x	x	U	U	U
Diabetic shoes	x	x	x	x	x	x	x			Charges in

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										excess of \$150
Durable medical equipment	x	x	x	x	x	x	x	x	x	x
Early intervention	x	x	x	x	\$5200 pmphy up to \$15600 lifetime	\$5200 pmphy up to \$15600 lifetime	\$5200 pmphy up to \$15600 lifetime	U	U	U
Eyeglasses for specific conditions	1 pair after eye surg (in place of implant ed intraoc ular lenses)	Eyeglass lenses to replace to natural lens of the eye or following cataract surgery)	x	1 pair after eye surg (in place of implanted intraocular lenses)	x	First pair of lenses after cataract surgery	x	1 pair per condition	1 pair per condition	First pair of contact lenses after surgery
Foot orthotics	no	no	x, coverag	no	x	no	Diabetic disease only	x	x	no

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			e indicati ons limited							
Hearing aids	no	no	no	no	Max of \$1700 every 2 cy	Max of \$1700 every 2 cy	Max of \$1700 every 2 cy	\$1250 limit	\$1250 limit	\$250 limit
Personal emergency response system	no	no	no	no	\$50 install/\$40 pmpm rental fee	\$50 install/ \$40 pmpm rental fee	no	U	U	U
Prosthetic devices	x	x	x	x	x	x	x	x	x	x
Rehabilitation and habilitation services for autism, including ABA	x	x	x	x	x	x	x	no	no	
Short-term physical therapy	60 visits pmpcy comb with	30 visits pmpcy	60 days pm per condi- tion	60 visits pmpcy comb with OT	x	30 visits pmpcy	90 consecutive days per illness/injury	75 visit pmpcy, PT, OT, ST com- bined	50 visit pmpcy, PT, OT, ST com- bined	60 visits pmpcy, PT, OT combined

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	OT									
Short-term occupational therapy	60 visits pmncy comb with PT	30 visits pmncy	60 days pm per condi- tion	60 visits pmncy comb with PT	x	30 visits pmncy	90 consecutive days per illness/injury			
Short term speech therapy	x	x	x	x	\$2000 pmncy	x	x	U	U	30 visits pmncy
Speech generating or communication device	x	no	x	x	no	no	x	\$1250 pmncy	\$1250 pmncy	no
Wigs	\$500 pmncy	\$350 pmncy	\$350 pmncy	\$500 pmncy	\$350 pmncy	\$350 pmncy	\$350 pmncy	\$350 per lifetime	\$350 per lifetime	no

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VIII. Laboratory Services										
Cytologic screening	x	x	x	x	x	x	x	x	x	x
Diagnostic test (X-ray and laboratory tests)	x	x	x	x	x	x	x	x	x	x
Imaging (CT and PET Scans, MRIs)	x	x	x	x	x	x	x	x	x	x
Human leukocyte antigen testing	x	x	x	x	x	x	x	U	U	U
Mammogram	x	x	x	x	x	x	x	x	x	x

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IX. Preventive and Wellness Services and Chronic Disease Management										
Diabetes education	x	x	x	x	x	x	x	x	x	\$250 pmphy
Family planning	x	x	x	x	x	x	x	x	x	x
Fitness program	\$150 limit	\$150 annual rebate per sub/fami ly	no	\$150 limit	no	\$150 annual rebate per sub/famil y	no	Specific programs	Specific programs	U
Nutritional counseling	x	x	x	x	x	x	3 visits per cy for non- diabetes or non-eating disorder	x	x	\$250 pmphy
Preventive care/ screening/immunization	x	x	x	x	x	x	x	x	x	x
Smoking cessation	Drugs	X	no	Drugs and	Thru PBM	X	no	x	x	2 attempts

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	and certain OTC (90-day cessati on aid supply pmpcy)	smoking cessation aids upon completi on of program, discount ed program		certain OTC (90-day cessation aid supply pmpcy)		smoking cessation aids upon completi on of program, discounte d program				pmpcy
Weight loss program	\$150 limit	Weight Watchers discount	no	\$150 limit	morbidly obese only	Weight Watchers discount	no	U	U	no

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X. Pediatric Services, Including Oral and Vision Care										
Dental for children	no	x	2 visits pm/24 months, to age 12	no	no	no	no	x	x	no
Eye glasses for children	no	no	no	no	no	no	no	no	no	no
Lead poisoning screening	x	x	x	x	x		x			
Eye exam for children	1 exam pm/24 months	1 exam pm/24 months	Annual exam	1 exam pm/24 months	1 exam pm/24 months	1 exam pm/24 months	x	x	x	1 exam pm/24 months